Medical Transportation Program Demand Response Transportation Services Medicaid and CHIP Services Managed Care Contracts and Oversight Procurement Number: HHS0010339 April 26, 2023

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ADDENDA #5 To Open Enrollment

For

HHS0010339 Medical Transportation Program Demand Response Transportation Services Medicaid and CHIP Services Managed Care Contracts and Oversight

Notice is hereby given to prospective applicants to the above referenced open enrollment that changes have been made to requirements or information in the open enrollment, as noted in the addenda below.

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|--------------------------|-----------------------------------|---|---|--|--|
| <u>Item</u> | Open Enrollment Reference | Previous | Revised Language | | |
| 1. | Section10.2 Specific Insurance | Section 10.2 Specific Insurance Requirements | Section 10.2 Specific Insurance Requirements | | |
| | Requirements | Contractor shall: | Contractor shall: | | |
| | | (1) provide written notice to Managed Care Compliance & Operations by email at CMD_ManagedCareOrganizations@hhsc.state. tx.us and by U.S. first class, certified mail to 4900 N. Lamar Blvd, Austin, Texas 78753, Mail Code H320 at least 30 days prior to any cancellation, non-renewal, or material change of a required policy; | (1) provide written notice to Managed Care <u>Contracts</u> & <u>Oversight</u> by email at CMD_ManagedCareOrganizations@hhsc.state.t x.us and by U.S. first class, certified mail to <u>4601 W. Guadalupe St., Mail Code 4116</u>, Austin, Texas <u>78751</u> at least 30 days prior to any cancellation, non-renewal, or material change of a required policy; | | |
| | | (2) ensure all insurance policies and certificates of insurance for required coverage are written to include all products, services, and locations related to Contractor's performance under the Contract; and | (2) ensure all insurance policies and certificates of insurance for required coverage are written to include all products, services, and locations related to Contractor's performance under the Contract; and | | |
| | | (3) deliver to Managed Care Compliance &Operations by email atCMD ManagedCareOrganizations@hhsc.state. | (3) deliver to Managed Care <u>Contracts</u> & <u>Oversight</u> by email at CMD ManagedCareOrganizations@hhsc.state.t | | |

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| <u>ltem</u> | Open Enrollment Reference | <u>Previous</u> | Revised Language | | |
| | | tx.us and by U.S. first class mail to 4900 N. Lamar Blvd, Austin, Texas 78753, Mail Code H320 all renewal policies at least ten (10) days prior to any expiration of a required policy. All renewal policies and corresponding certificates of insurance must meet all terms set forth herein. | x.us and by U.S. first class mail to <u>4601 W.</u> <u>Guadalupe St., Mail Code 4116</u> , Austin, Texas <u>78751</u> all renewal policies at least ten (10) days prior to any expiration of a required policy. All renewal policies and corresponding certificates of insurance must meet all terms set forth herein. | | |
| 2. | Open Enrollment Cover Page | Submission Deadline August 31, 2023 — 05:00 pm CDT | Submission Deadline August 31, <u>2025</u> — 05:00 pm CDT | | |